

| GENERAL INFORMATION     |   |  |  |  |
|-------------------------|---|--|--|--|
| DATE OF BUILDING PERMIT |   | PERMIT #   |  |  |
| BUILDING TYPE           | <input type="checkbox"/> Nonresidential   | <input type="checkbox"/> High-Rise Res (Common Area) | <input type="checkbox"/> Hotel/Motel (Common Area) |  |
| PHASE OF CONSTRUCTION   | <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition                    | <input type="checkbox"/> Alteration                | <input type="checkbox"/> Unconditioned |

| SCOPE OF RESPONSIBILITY  |       |
|--|-------|
| Enter the date of approval by enforcement agency of the Certificate of Compliance that provides the specifications for the energy efficiency measures for the scope of responsibility for this Installation Certificate. | Date: |

[illegible]



|                                    |                     |                      |
|------------------------------------|---------------------|----------------------|
| <b>CERTIFICATE OF INSTALLATION</b> |                     | <b>NRCI-LTI-01-E</b> |
| Indoor Lighting                    |                     | (Page 2 of 2)        |
| Project Name:                      | Enforcement Agency: | Permit Number:       |
| Project Address:                   | City:               | Zip Code:            |

|   |   |              |
|---|---|--------------|
| <b>DOCUMENTATION AUTHOR'S DECLARATION STATEMENT</b>   |   |              |
| 1. I certify that this Certificate of Installation documentation is accurate and complete.  |   |              |
| Documentation Author Name:  | Documentation Author Signature:                         |              |
| Documentation Author Company Name:  | Date Signed:  |              |
| Address:  | CEA/ HERS Certification Identification (If applicable): |              |
| City/State/Zip:   | Phone:  |              |
| <b>RESPONSIBLE PERSON'S DECLARATION STATEMENT</b>   |   |              |
| I certify the following under penalty of perjury, under the laws of the State of California:  |   |              |
| <ol style="list-style-type: none"> <li>1. The information provided on this Certificate of Installation is true and correct.</li> <li>2. I am eligible under Division 3 of the Business and Professions Code in the applicable classification to accept responsibility for the system design, construction, or installation of features, materials, components, or manufactured devices for the scope of work identified on this Certificate of Installation and attest to the declarations in this statement (responsible builder/installer), otherwise I am an authorized representative of the responsible builder/installer.</li> <li>3. The constructed or installed features, materials, components or manufactured devices (the installation) identified on this Certificate of Installation conforms to all applicable codes and regulations, and the installation conforms to the requirements given on the plans and specifications approved by the enforcement agency.</li> <li>4. I reviewed a copy of the Certificate of Compliance approved by the enforcement agency that identifies the specific requirements for the scope of construction or installation identified on this Certificate of Installation, and I have ensured that the requirements that apply to the construction or installation have been met.</li> <li>5. I will ensure that a completed signed copy of this Certificate of Installation shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a completed signed copy of this Certificate of Installation is required to be included with the documentation the builder provides to the building owner at occupancy.</li> </ol> |   |              |
| Responsible Builder/Installer Name:   | Responsible Builder/Installer Signature:                |              |
| Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)   | Position With Company (Title):                          |              |
| Address:  | CSLB License:   |              |
| City/State/Zip:   | Phone   | Date Signed: |